8. The committee would suggest that a scheme be put under way whereby registered maternity hospitals would be able to obtain sterilized packets for maternity cases. Such a scheme might be operated in conjunction with the public hospitals.

9. The committee consider that the sterilizing facilities in every registered maternity hospital should include as a *sine qua non* a fish-kettle large enough in size to contain midwifery forceps.

10. The committee are of opinion that there is in many cases considerable room for improvement in the dietary of private maternity hospitals. Without laying down any hard-and-fast rule on the matter, the committee consider that for the first two or three days following confinement patients should be given light food suitable to their condition, and after that should be afforded a full liberal and nourishing diet.

11. The committee would repeat the expressed opinion of the Committee on Maternal Mortality "That a more strict and regular inspection of private maternity hospitals is necessary, and for this purpose more Nurse Inspectors of approved competence and experience be obtained." This would enable a more rigid inspection to be carried out under section 121 of the Hospitals and Charitable Institutions Act, 1909, and would also have the beneficial effect of further protecting the public against illegal practices.

The committee would like to add that it found among the Nurse Inspectors a keen desire to assist in the inquiry, and the members wish to express their appreciation of the assistance rendered by these officers.

J. S. ELLIOTT.
D. MCGAVIN.
T. H. A. VALINTINE.

MATERNAL MORTALITY IN NEW ZEALAND.

REPORT OF SPECIAL COMMITTEE SET UP BY BOARD OF HEALTH TO CONSIDER AND REPORT ON THE QUESTION OF THE DEATHS OF MOTHERS IN CONNECTION WITH CHILDBIRTH.

Report of Special Committee set up by Board of Health as adopted by the Board at its Meeting held on 7th October, 1921.

THE committee appointed to consider and report on the question of the deaths of mothers in connection with childbirth have made careful inquiry and investigation, and have now the honour to submit the following report:—

The issue was raised in May last by the publication of certain statistics by the Children's Bureau of the United States Department of Labour. These figures place New Zealand second from the top of the list of nations in respect of maternal mortality in pregnancy and childbirth. The Minister of Health thereupon addressed three questions to the Director-General of Health: (1.) Were the figures for New Zealand correct? (2.) If correct, what were the causes of this excessive maternal mortality in New Zealand? (3.) How were these causes to be removed?

The Director-General of Health advised that as the matter was of grave importance the whole question should be referred to the Board of Health for its consideration. Accordingly, the Board of Health sat on the 27th July, 1921, and set up the present committee for the purpose of investigating the issues raised by the Minister in his memorandum to the Director-General of Health, and generally the committee was empowered to make such recommendations in the premises as it might consider reasonable and necessary.

As to the issue of whether the figures given in the American statistics of maternal mortality in different countries constitute a fair and just comparison, we regret that we are unable to obtain any definite proof one way or the other. Mr. Malcolm Fraser, the Government Statistician for New Zealand, commits himself to the statement that the figures so given are fairly comparable. Mr. Fraser, however, makes this proviso, that he has no means of ascertaining the completeness of the methods of other countries for carrying out Bertillon's international system of compiling maternal-mortality statistics. It is very possible that the countries may differ in the method of mortality returns. For example, in the event of a woman dying in the course of pregnancy of say, phthisis, one country might return such a death as due to phthisis, while another might attribute it to pregnancy. While Mr. Fraser, therefore, has no doubt as to the accuracy of our own mortality statistics, he is not in a position similarly to pledge himself with regard to the figures returned by other countries. There is, however, considerable doubt as to whether our own mortality is rightly classified. We consider that more definite instructions and information should be given to medical practitioners throughout the country, so that each death may be put under its appropriate heading, which does not appear to be always the case at present.

Dealing with the history of the matter, the committee has felt that it was its duty to go back over a considerable period of years, and we have had a graph of New Zealand maternal mortality prepared by the Statistician covering the period from 1872 to 1920. This graph is interesting. It goes to show that there are, with regard to maternal mortality in New Zealand, four varying phases or periods in our own history. The first phase or period runs from the year 1877 to 1881, when mortality was comparatively low in this country, reaching a minimum of 3·93 per 1,000 in 1880. The second cycle or period runs from 1882 to 1890, when there was a somewhat extraordinary increase in mortality, reaching a maximum of 7·31 in 1885. The third period may be assigned to the years 1890 to 1913, during which time, of some twenty years or more, there was on the whole a progressive decline from 5·42 in 1890 to 3·58 per 1,000 in 1913. The last and current period, beginning, say, from 1913 to 1920,